

3.9 ALLOCATION SYSTEM FOR ORGANS NOT SPECIFICALLY ADDRESSED. The following point system will be used for allocation of organs not specifically addressed elsewhere in policies.

3.9.1 Medical Urgency. For organs not specifically addressed, points are assigned for medical urgency as follows:

Candidate Status Code	Points	Definition
1	4	A candidate listed as Status 1 is at home and functioning normally. A candidate listed as Status 1 is considered to be a candidate for whom the transplant surgery would be an elective procedure.
2	8	A candidate listed as Status 2 is home bound, requiring continuous medical care which can be self administered. Short hospitalizations for intercurrent problems are not considered justification for a change in status.
3	12	A candidate listed as Status 3 is home bound, requiring continuous medical care with the assistance of an attendant. Short hospitalizations for intercurrent problems are not considered justification for a change in status.
4	16	A candidate listed as Status 4 is continuously hospitalized. A Status 4 candidate's medical condition necessitates continuous hospitalization.
5	20	A candidate listed as Status 5 requires continuous hospitalization as well as intravenous inotropic drug therapy.
6	24	A candidate listed as Status 6 requires continuous hospitalization. A Status 6 candidate also requires a Mechanical Assist Device(s) (e.g. ventilator, total artificial heart, intra-aortic balloon pump) for survival.

3.9.2 Distance Criteria. The following points are assigned for the distance between transplant center and the donor as well as for the distance between the recipient and the transplant center:

Distance from Center (miles)	Points Donor	Points Recipient
0-50	12	6
50-500	10	5
500-1000	8	4
1000-1500	6	3
1500-2000	4	2
2000-2500	2	1
> 2500	0	0

3.9.3 Organ Allocation to Multiple Organ Transplant Candidates. Candidates for a multiple organ transplant where one of the required organs is a heart, lung, or liver shall be registered on the individual Waiting list for each organ. When the candidate is eligible to receive a heart, lung or liver pursuant to Policies 3.6 (Allocation of Livers) and 3.7 (Allocation of Thoracic Organs) or an approved variance to these policies, the second

required organ shall be allocated to the multiple organ candidate from the same donor if the donor is located with the same local organ distribution unit where the multiple organ candidate is registered. If the multiple organ candidate is on a waiting list outside the local organ distribution unit where the donor is located, voluntary sharing of the second organ is recommended. When the second organ is shared, the same organ of an identical blood type shall be paid back to the Host OPO from the next acceptable donor procured by the recipient OPO, unless the second organ is a kidney in which case the organ shall be paid back pursuant to Policy 3.5-4.5 (Payback Requirements). This policy shall not apply to the allocation of heart-lung combinations. Heart-lung combinations shall be allocated in accordance with Policy 3.7.7 (Allocation of Thoracic Organs to Heart-Lung Candidates) and all other applicable provisions of Policy 3.7, or an approved variance to these policies. For candidates awaiting a combined liver-intestine transplant, please refer to Policy 3.11.4 or Policy 3.6.4.8.

Candidates who:

- have been listed for multiple organs, and
- are eligible to receive a heart, lung or liver pursuant to Policies 3.6 (Allocation of Livers) and 3.7 (Allocation of Thoracic Organs) or an approved variance to these policies, must appear on the heart, lung, or liver match run.

Candidates who:

- have been listed for multiple organs, and
- have been named as the recipient of a directed organ(s) donation by the person(s) who authorized the donation, must appear on at least one of the deceased donor's match runs for at least one organ type.

3.9.4 Local Conflicts. Regarding allocation of organs not specifically addressed elsewhere in policies, locally unresolvable inequities or conflicts that arise from prevailing OPO policies may be submitted by any interested local member for review and adjudication to the appropriate organ-specific committee(s) and Board of Directors.